

MAR 02 2007

**COMBINED AMENDMENT & PETITION FOR EXTENSION OF
TIME UNDER 37 CFR 1.136(a) (Small Entity)**Docket No.
840.052.203

In Re Application Of: Whitehouse

Application No. 09/901,428	Filing Date July 9, 2001	Examiner Kiet Tuan Nguyen	Customer No. 04617	Group Art Unit 2881	Confirmation No.
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Invention: Multiple Ion Guide

COMMISSIONER FOR PATENTS:

This is a combined amendment and petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of 5/22/2006 in the above-identified application.
Date

The requested extension is as follows (check time period desired):

☐ One month ☐ Two months ☒ Three months ☐ Four months ☐ Five months

from: 8/22/2006 until: 11/22/2006
Date Date

Applicant claims small entity status. See 37 CFR 1.27.

The fee for the amendment and extension of time has been calculated as shown below:

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2 -	85 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	2 -	15 =	0	x \$100.00	\$0.00
FEE FOR AMENDMENT					\$0.00
FEE FOR EXTENSION OF TIME					\$510.00
TOTAL FEE FOR AMENDMENT AND EXTENSION OF TIME					\$510.00

Amendment Date: 05/03/2007 CKHLOK
05/03/2007 SSANDAR1 00000003 09901428
05/03/2007 -510.00 OP

03/09/2007 SSANDAR1 00000003 09901428

01 FC:2253

510.00 OP

Ref: 0030040188
03/02/2007

Total Refund Totals: \$510.00

PAGE 2/23 * RCVD AT 3/2/2007 1:55:15 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-3/19 * DNIS:2738300 * CSID:2124860323 * DURATION (mm-ss):06-34

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P20SMALL/REV06

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The fee for the amendment and extension of time is to be paid as follows:

- ☐ A check in the amount of _____ for the amendment and extension of time is enclosed.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2105
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☐ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. _____
- ☒ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

*Signature*

Tuvis Rotberg (Reg. No. 58,167)
LEVISOHN BERGER, LLP
805 Third Avenue, 19th Floor
New York, New York 10022
Phone (212) 486-7272
Fax (212) 486-0323

Dated: March 2, 2007

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

(Date)

*Signature of Person Mailing Correspondence**Typed or Printed Name of Person Mailing Correspondence*

CC:

P28SMALL/REV05

**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>05/02/07</u>		2 Serial/Patent # <u>09/901,428</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time	wfee	03/02/07	\$ 510.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 510.00
		8 TO BE REFUNDED BY:		
		Treasury Check		
		X	Credit Deposit A/C #:	
		<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 0 2 2 1 0 5 </div>		
10 REASON:		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
	Overpayment			
	Duplicate Payment			
X	No Fee Due (Explanation):	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
submitted after extendable period				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u><i>Sherry D. Brinkley</i></u>		PHONE: <u>2-3204</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u><i>CKH</i></u>		DATE: <u>5/3/07</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: